

**APPLICATION FOR 2ND DEGREE NURSING PROGRAM
WAYNESBURG UNIVERSITY
Waynesburg, PA 15370 • (724) 852-3229
Or (724) 852-3248**

I plan to enroll in the 2nd Degree Program at Waynesburg University for the summer semester beginning: May, 20_____

Have you ever attended Waynesburg University? ٢ Yes ٢ No If yes, did you *graduate* from Waynesburg University? _____ ٢ Yes ٢ No If yes, you received a Baccalaureate Degree in _____ Date of graduation _____ GPA _____ If you did *not* graduate from Waynesburg University, from what school did you graduate? _____ You received a Baccalaureate Degree in _____ Date of graduation? _____ GPA _____

Please provide complete and truthful information. Failure to submit complete and truthful information will invalidate your application for admission.

(PLEASE PRINT)

1. a. Name _____
First Middle Initial Last

b. Other Name (s) (if applicable) _____

2. Permanent Address _____
Street City State Zip

3. Email address _____

4. Home phone (____) _____ 5. Cell Phone _____

6. Date of Birth _____ Sex Female Male 7. Social Security Number _____ 8.

Country of Citizenship _____ 9. Type of Visa, if other than U.S. _____

10. Ethnic Background (optional) _____ 11. List any other college, university, professional school, or other institution of higher learning and dates attended:

12. If you have not visited the Waynesburg University campus, would you like to schedule a visit? Yes No

Your signature validates this application, and indicates that you will comply, if accepted, with the rules and regulations of Waynesburg University as published in the catalogue and student handbook.

DECLARATION:

I have reviewed this application and find the information I have presented to be complete and truthful to the best of my knowledge. If admitted, I agree to abide by the rules and regulations of the University.

Signature of Applicant Date

Please return this application and official H.S. and college/university transcripts to:

**WAYNESBURG UNIVERSITY
DEPARTMENT OF NURSING
51 West College Street
Waynesburg, PA 15370
(724) 852-3329**

*Original application & copy of transcripts to: Admissions _____
 Original transcripts & copy of application to: Registrar's Office _____
 Copy of all kept in Nursing Dept. _____*

CHECKLIST FOR ADMISSION

2nd DEGREE NURSING PROGRAM

IT IS **YOUR** RESPONSIBILITY TO MAKE SURE THAT THE FOLLOWING INFORMATION IS IN THE DEPT. OF NURSING BY **JULY 15th**:

- ❑ Nursing application submitted to the Dept. of Nursing.
- ❑ **OFFICIAL** high school transcript submitted to the Admissions Office.
- ❑ Any & all **OFFICIAL** college transcripts submitted to the Dept. of Nursing.
- ❑ A one-page essay on why you want to become a nurse submitted to the Dept. of Nursing.
- ❑ All pre-requisites must be met **prior** to the start of the program in May. You must have **successfully** completed the following 3 courses to qualify:
 - Human Anatomy (with a lab)
 - Physiology (with a lab)
 - Human Growth and Development (lifespan)
- ❑ If you are currently enrolled in one of these courses, and accepted into the program, you must submit your updated transcript **prior** to the start of the program. **Your admission is conditional based upon those grades.**
- ❑ You **must have** a 3.0 or higher cumulative grade point average from the college/university where you received your degree.
- ❑ If you have changed your name since high school or college, make sure we have a record of previous name(s).
- ❑ If you have applied in previous years and were not admitted, **YOU MUST RE-APPLY** by the current deadline. Names are not carried over.

APPLICANTS WILL BE NOTIFIED OF ADMISSION TO THE NURSING PROGRAM BY AUGUST 1st FOLLOWING THE COMMITTEE'S REVIEW OF ALL APPLICATIONS. WE MUST BE NOTIFIED OF YOUR INTENTION TO ENROLL IN THE PROGRAM BY AUGUST 20th.

Upon admission, the following clinical requirements **must be satisfied *before the start of the first class***: (Forms will be sent to you):

- a. **\$75.00 Deposit submitted to the Business Office (along with yellow enrollment form)**
- b. Physical/Dental form completed. (Shot records **up-to-date**)
- c. PA Criminal Clearance Form
- d. Child Abuse Clearance Form
- e. F.B.I. Clearance Form (if applicable)
- f. Copy of current Healthcare Provider CPR Card (Adult, Child, Infant) **and** a first aid course with proof of completion.

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